								10/780410					
								Application or Docket Number					
	PATENT	RD		· 	, (		า						
Effective October 1, 2003											910		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL TYPE	L E	YTITY	OR		THAN ENTITY		
Ţ	OTAL CLAIMS	S	U.			·	RAT	E	FEE	] .	RATE	FEE	
FOR			NUMBER FILED NUM			BER EXTRA	BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20= *				XS:	9=	9. 9	OR	X\$18=		
INDEPENDENT CLAIMS			( _minus 3 =			5	X43	=	170		Vac	<u> </u>	
MULTIPLE DEPENDENT CLAIM PI			RESENT						170	OR	<u> </u>		
1 If the difference in column 1 is less than zero enter "O" in eathers 2							+14	i=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL	52.3	OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								115	ENTITY	OR	OTHER		
A		(Column 1) CLAIMS	1	HIGHE	ST	(Column 3)	<u> </u>		ADDI-		O.M.ALE	ADDI-	
		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	T tal	. 21	Minus	<b>*</b> 2	<u>.</u>	•	X\$ 9	=		OR	X\$18=		
ME	Independent	. 6	Minus	(		=	X43	-		OR	.X86=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145				+290=		
							10			OR	+230= • TOTAL		
	(Column 1) (Column 2) (Column 3)									OR	ADDIT. FEE		
		(Column 1) CLAIMS	<del>                                     </del>	HIGHE		(Column 3)		-	ADD: 1	1		4001	
8		REMAINING AFTER		NUMBI PREVIOL	-	PRESENT EXTRA	RATI	<u>.</u>	ADDI- TIONAL		RATE	ADDI- TIONAL	
DMENT	_	AMENDMENT		PAID FO	OR			4	FEE			FEE	
	Total	*	Minus	**		2	X\$ 9		<u>.                                      </u>	OR	X\$18=		
AMEN	Ind pendent	NTATION OF M	Minus *** LTIPLE DEPENDENT CLAIM			-	X43=			OR	X86=		
_	TINOT PRESE		DETIPLE DE	PENDENT	LAIM		+145:	_		OR	+290=		
								AL		OR	TOTAL	•	
		(Column 1)		Calcara		(Oak 0)	ADDIT. F	EE <b>L</b>	ال	<b>υ</b> π ,	ADDIT. FEE	•	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL	
MON	Total	•	Minus	**	:	=	X\$ 9=	†		OR	X\$18=	FEE_	
WE	Independent	•	Minus	***		•	X43=	+					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									—— '	OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=		
"If the "Highest Number Previously Paid For th THIS SPACE is less than 20, and 20.											TOTAL DDIT. FEE		
Ť	he 'High st Num	ber Previously Pai	For (Total or	Independent	) is the	i a, enter "a." highest number:	found in th	eppr	pristé box				
										•	•		